

PARTICIPATION FORM

Hereby,
I, the undersigned (first and last name)
born on (date)
at (city and country)
certify by my signature on this form to have read and to approve the conditions of participation in the Biennale of art students, organized by the CAL and ViArt a.s.b.l.
Some information about me:
Nationality:
Current address:
E-mail address:
Telephone number:
Web address:
Studies in arts:
The title of my project:
Date and signature:

